SECTION 8 MONTHLY ALLOWANCES FOR TENANT FURNISHED UTILITIES AND OTHER SERVICES AND BY NUMBER OF BEDROOMS

LOCALITY: Kansas City Metropolitan Area

UNIT TYPE: Single Family House

Utility or Service	0 Bedroom	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
-		HEA	ATING			
Gas		16	20	22	28	34
Electric		70	84	105	122	131
Electric - Heat Pump		67	80	100	116	124
		COC	OKING			
Gas		3	4	5	5	5
Electric		10	12	13	15	16
	<u> </u>	WATER	HEATING			
Gas		6	7	9	10	12
Electric		16	22	30	37	43
		OTHER	ELECTRIC			
LIGHTS AND MISCELLANEOUS		37	43	49	56	64
AIR CONDITIONING		18	22	27	31	33
		OTHER	SERVICES			
WATER and SEWER		59	74	85	97	109
TRASH		43	43	43	43	43
RANGE		3	3	4	4	5
REFRIGERATOR		4	4	5	6	6
TOTAL UTILITY ALLOWANCE						

For the unit you select, circle the number of bedrooms and the monthly allowance for each utility or service you are required to pay under the lease. Write the total in the appropriate number of bedrooms column. This is called the UTILITY ALLOWANCE for that unit. The Housing Authority will use that number to determine compliance with the Housing Choice Voucher Program 40% rule on the initial occupancy and any time you move thereafter.

FOR HOUSING AUTHORITY USE ONLY				
Name of Family:	Effective Date of Certification:			
Address of Unit:	Number of Bedrooms:			
	Housing Coordinator II Signature			
Effective	e April 1, 2021			

SECTION 8 MONTHLY ALLOWANCES FOR TENANT FURNISHED UTILITIES AND OTHER SERVICES AND BY NUMBER OF BEDROOMS

UNIT TYPE: Mobile Home

LOCALITY: Kansas City Metropolitan Area

0 Bedroom	1 Bedroom HEA	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
	T	ATING			
	15				
E0.	10	18	21	26	32
52	66	79	98	114	122
53	67	80	100	116	124
	COC	OKING			
3	3	4	5	5	5
9	10	12	13	15	16
	WATER	HEATING			
6	6	7	9	10	12
16	16	22	30	37	43
	OTHER	ELECTRIC			
29	37	43	49	56	64
17	18	22	27	31	33
	OTHER	SERVICES			
56	59	74	85	97	109
43	43	43	43	43	43
3	3	3	4	4	5
3	4	4	5	6	6
	3 9 6 16 29 17 56 43 3	COC 3 3 3 9 10 WATER 6 6 6 16 16 OTHER 29 37 17 18 OTHER 56 59 43 43 3 3	COOKING 3	COOKING 3	COOKING 3 3 4 5 5 9 9 10 12 13 15 WATER HEATING 6 6 7 9 10 16 16 22 30 37 OTHER ELECTRIC 29 37 43 49 56 17 18 22 27 31 OTHER SERVICES 56 59 74 85 97 43 43 43 43 3 3 3 4 4

For the unit you select, circle the number of bedrooms and the monthly allowance for each utility or service you are required to pay under the lease. Write the total in the appropriate number of bedrooms column. This is called the UTILITY ALLOWANCE for that unit. The Housing Authority will use that number to determine compliance with the Housing Choice Voucher Program 40% rule on the initial occupancy and any time you move thereafter.

FOR HOUSING AUTHORITY USE ONLY			
Name of Family:	Effective Date of Certification:		
Address of Unit:	Number of Bedrooms:		
	Housing Coordinator II Signature		
Effective	e April 1, 2021		

SECTION 8 ALLOWANCES FOR TENANT FURNISHED UTILITIES AND OTHER SERVICES AND BY NUMBER OF BEDROOMS

UNIT TYPE:

LOCALITY: Kansas City Metropolitan Area

Duplex/Row/Townhouse/Semi-Detached

Utility or Service	0 Bedroom	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
		HEATING				
Gas	10	13	16	19	23	29
Electric	47	59	71	89	104	111
Electric - Heat Pump	45	56	68	84	98	105
		COOKING		×		
Gas	3	3	4	4	4	5
Electric	9	10	11	13	14	16
	W	ATER HEATIN	G			
Gas	6	6	7	9	10	12
Electric	16	16	22	30	37	43
	ОТ	HER ELECTR	IC			
LIGHTS AND MISCELLANEOUS	29	37	43	49	56	64
AIR CONDITIONING	17	18	22	27	31	33
	ОТ	HER SERVICE	S			
WATER and SEWER	56	59	74	85	97	109
TRASH	43	43	43	43	43	43
RANGE	3	3	3	4	4	5
REFRIGERATOR	3	4	4	5	6	6

TOTAL UTILITY ALLOWANCE

For the unit you select, circle the number of bedrooms and the monthly allowance for each utility or service you are required to pay under the lease. Write the total in the appropriate number of bedrooms column. This is called the UTILITY ALLOWANCE for that unit. The Housing Authority will use that number to determine compliance with the Housing Choice Voucher Program 40% rule on the initial occupancy and any time you move thereafter.

FOR HOUSING AUTHORITY USE ONLY

Name of Family:	Effective Date of Certification:
Address of Unit:	Number of Bedrooms:
	Housing Coordinator II Signature
Effectiv	ve April 1, 2021

SECTION 8 ALLOWANCES FOR TENANT FURNISHED UTILITIES AND OTHER SERVICES AND BY NUMBER OF BEDROOMS

UNIT TYPE:

LOCALITY: Kansas City Metropolitan Area

Flat/Garden/Multifamily Apt / Low Rise / Highrise

Utility or Service	0 Bedroom	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
		HEATING				
Gas	9	12	15	18	22	27
Electric	44	56	67	84	98	104
Electric - Heat Pump	42	53	64	79	93	99
	(COOKING				
Gas	3	3	4	4	4	5
Electric	9	10	11	13	14	16
	WAT	ER HEATING				
Gas	6	6	7	9	10	12
Electric	16	16	22	30	37	43
	OTHI	ER ELECTRIC				
LIGHTS AND MISCELLANEOUS	29	37	43	49	56	64
AIR CONDITIONING	17	18	22	27	31	33
	ОТНІ	ER SERVICES	3			
WATER and SEWER	56	59	74	85	97	109
TRASH	43	43	43	43	43	43
RANGE	3	3	3	4	4	5
REFRIGERATOR	3	4	4	5	6	6

For the unit you select, circle the number of bedrooms and the monthly allowance for each utility or service you are required to pay under the lease. Write the total in the appropriate number of bedrooms column. This is called the **UTILITY ALLOWANCE** for that unit. The Housing Authority will use that number to determine compliance with the Housing Choice Voucher Program 40% rule on the initial occupancy and any time you move thereafter.

E ONLY
Effective Date of Certification:
Number of Bedrooms:
Housing Coordinator II Signature

Effective April 1, 2021